

Rural Expansion of Afghanistan's Community-Based Healthcare Project (REACH): Semi-Annual Report, June – November, 2005

January 2006

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number EEE-C-00-03-00021-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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AFGHANISTAN

REACH Semi-Annual Report

June-November 2005

REACH is a USAID-funded program implemented by Management Sciences for Health (MSH) under contract C-00-03-00021-00. Partners include The Academy for Educational Development (AED); JHPIEGO; Technical Assistance, Inc. (TAI); and the University of Massachusetts/Amherst.

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RURAL EXPANSION OF AFGHANISTAN'S COMMUNITY-BASED HEALTH CARE (REACH)

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LIST OF ACRONYMS / ABBREVIATIONS

AED	Academy for Education and Development
AEAWHP	Association for the Empowerment of Afghan Women Health Professionals
AGE	Acute Gastroenteritis
AQS	Access to Quality Services
AWD	Acute Watery Diarrhea
BCC	Behavior Change Communication
BHC	Basic Health Center
BPHS	Basic Package of Health Services
CAAC	Catchment Area Annual Census
CBHC	Community Based Health Care
CGHN	Consultative Group on Health and Nutrition
CHC	Comprehensive Health Center
CHS	Community Health Supervisor
CHW	Community Health Worker
CM	Community Mapping
CME	Community Midwifery Education
CSC	Civil Service Commission
DDR	Demilitarization, Demobilization and Rehabilitation
DOTS	Directly Observed Treatment – Short Course
EC	European Commission
EOC	Essential Obstetric Care
EPHS	Essential Package of Hospital Services
FFSDP	Fully Functional Service Delivery Point
GCMU	Grants and Contracts Management Unit
GFMU	Global Fund Management Unit
GIS	Geographic Information System
HMIS	Health Management Information system
HMN	Health Metrics Network
HMTF	Hospital Management Task Force
HRD	Human Resource Development
IEC	Information, Education, and Communications
IHS	Institute of Health Sciences
IMCI	Integrated Management of Childhood Illness
IP	Infection Prevention
IPCC	Interpersonal Communication and Counseling
IR	Intermediate Result
IUTLH	International Union of TB and Lung Health
JHPIEGO	a not-for-profit international public health organization affiliated with Johns Hopkins University
JICS	Japan International Cooperation System
LfL	Learning for Life
LLU	Loma Linda University
MDS	Managing Drug Supply
MIS	Management Information System
MOPH	Ministry of Public Health
MOWA	Ministry of Women Affairs
MRC	Management Resource Center
MSH	Management Sciences for Health

NDB	National Development Budget
NGO	Non-governmental Organization
NGO DT	NGO Development Team
NTP	National TB Program
PHA	Public Health Advisor
PPA	Performance-based Partnership Agreement
PPG	Performance-based Partnership Grants
PPHCC	Provincial Public Health Coordination Committees
PPHD	Provincial Public Health Director
PPHO	Provincial Public Health Office
PQI	Performance Quality Improvement
PRR	Priority Reform and Restructuring
PRT	Provincial Reconstruction Team
PSI	Population Services International
PSS	Provincial Support and Strengthening
REACH	Rural Expansion of Afghanistan Community-based Health Care
RFA	Request for Application
RH	Reproductive Health
RUD	Rational Use of Drug
SBM	Standards-Based Management
SM	Social Marketing
SMP	Social Marketing Program
TAG	Technical Advisory Group of the MOPH
TAI	Technical Assistance, Inc.
TB	Tuberculosis
TDY	Temporary Duty
TOT	Training of Trainers
UMCOR	United Methodist Committee on Relief
USAID	United States Agency for International Development
VL	Visceral Leshmaniasis
WAKH	Wazir Akbar Khan Hospital
WB	World Bank
WHO	World Health Organization
WRA	Women of Reproductive Age

REACH NGO GRANTEES

ADRA	Adventist Development and Relief Agency
AHDS	Afghan Health and Development Services
AKDF	Aga Khan Development Foundation
AMI	Aide Medical International
ARDC	Afghan Rehabilitation and Development Center
BDF	Bakhtar Development Foundation
BRAC	Bangladesh Rural Advancement Committee
CAF	Care of Afghan Families
CHA	Coordination of Humanitarian Assistance
CoAR	Coordination of Afghan Relief
CURE	Cure International
FG	Future Generations
HWW	Hope Worldwide
Ibn Sina	
IMC	International Medical Corps
IAM	International Assistance Mission
IRC	International Rescue Committee
LLU	Loma Linda University (in negotiation)
Medair	
Merlin	Medical Emergency Relief International
NAC	Norwegian Afghanistan Committee
NPO/RRAA	Norwegian Project Office/Rural Rehabilitation Association for Afghanistan
SC/UK	Save the Children UK
SC/US	Save the Children US
SDF	Sanayee Development Foundation
SGAA	Sandy Gall's Afghanistan Appeal
STEP	STEP Health and Development Organization
WVI	World Vision International

REACH/LfL NGOs

AHDO	Agricultural and Health Development Organization
AWEC	Afghan Women's Education Center
CoAR	Coordination of Afghan Relief
FG	Future Generations
JACK	Just for Afghan Capacity and Knowledge
SDF	Sanayee Development Foundation
PSD	Partners for Social Development

EXECUTIVE SUMMARY

The Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program was launched in May 2003 by Management Sciences for Health (MSH) under contract to the United States Agency for International Development (USAID) to address the health of women of reproductive age and of children under age five. The REACH strategic objective is to increase the use of basic health services by these two target groups, especially those living in rural and underserved areas.

Five REACH technical units—Access to Quality Services (AQS), Ministry of Public Health (MOPH) Capacity Building, Provincial Support and Strengthening (PSS), Social Marketing Program (SMP) and Training and Education (T&E)—implement activities designed to attain the strategic objective through achieving three intermediate results: (1) expanded access to quality Basic Package of Health Services (BPHS); (2) improved capacity of individuals, families, and communities to protect their health; and (3) strengthened health systems at the national and provincial levels.

During this reporting period, a number of activities begun earlier in the project were consolidated, resulting in an increased focus on capacity building among the many REACH partners. REACH continued its ongoing management of 43 grants for the Basic Package of Health Services (BPHS) and 6 subcontracts for refresher training and hospital/training center design. During this reporting period, cost-reimbursements in the amount of \$16.9 million were made to these grantees and sub-contractors.

Routine monitoring of NGO grantee activities continued through 343 health facility site visits and nearly 3,300 visits to Community Health Workers (CHW). Mentoring of NGO managers in financial management, improved reporting, and utilization of health data for decision making continued and gained momentum during this period. Four NGO grantees received Certificates of Appreciation from REACH, USAID, and the Ministry of Public Health (MOPH) in recognition of their outstanding performance in implementing the BPHS.

In its support to provincial and other hospitals, REACH awarded one additional grant during this period to Badakshan Provincial Hospital to deliver the Essential Package of Hospital Services (EPHS) and participate in the Hospital Management Improvement initiative. This additional grant brings the total to 5 provincial hospitals which are being supported by REACH through a Standards-Based Management (SBM) approach for Performance Quality Improvement (PQI). In addition, REACH continues to provide SBM/PQI support to six hospitals implementing Essential Obstetrics Care (EOC) and 11 hospitals involved with infection prevention initiatives.

Two new sub-contracts were made to firms to assist with hospital design and in the design of regional and provincial training schools for the Institute of Health Sciences/MOPH. REACH also provided functional and space allocations and related sketches for a number of hospitals.

Provision of essential drugs and improved drug management initiatives included the distribution of essential drugs valued at nearly \$2.1 million to NGO grantees for their health facilities and Community Health Workers (CHW). Grantees benefited from REACH training courses in Managing Drug Supplies and the Rational Drug Use held in several parts of the country. REACH also contributed to the preparation of the National Medicine Policy and the Licensed Drug List, both of which were approved by the MOPH and distributed.

REACH began introductory training courses for the newly designated and appointed Community Health Supervisors (CHS) and 152 were trained during this period. CHSs will be posted at health facilities to provide supervision and to be the critical link between the facility and its CHWs. Other training initiatives continued in basic training for CHWs and training of NGO trainers who teach CHWs about community mapping and community leaders to support the community level health activities.

REACH's efforts in training of midwives continued with 91 new midwives graduating during this period. Support for midwifery training activities included job fairs held in Kabul and Mazar to bring newly graduated and student midwives in touch with NGOs who would be potential employers. The MOPH endorsed a new National Policy on Midwifery Education and Accreditation of Midwifery Schools and a 3-day National Accreditation Workshop for midwifery training programs was sponsored by REACH. The REACH Community Midwifery Education program in Bamyan was visited by the U.S. Ambassador, the USAID Director and other USAID staff who expressed appreciation for the program.

Infection prevention activities during this period included MOPH approval of the National Policy on Infection Prevention and Control and related materials and the roll out of the policy via various training events and provision of materials, including job aid posters to 15 hospitals. Quality of care in maternity centers was enhanced via continued training in Standards-based Management (SBM) for 15 hospitals and Essential Obstetric Care (EOC) courses for 3 hospitals. Refresher training efforts continued in BPHS modules for doctors, nurses and midwives and in special courses for laboratory technicians. In addition, nearly 200 recent medical graduates from Kabul Medical Sciences University received a two-month pre-service course in Public Health presented by REACH.

USAID-funded Social Marketing (SM) activities underwent a transition in October when REACH took over SM from Population Services International (PSI). Prior to PSI's departure, a number of training activities were undertaken on family planning (for midwives at Rabia Balki Hospital) and safe water system (SWS) and Clorin use (for Johns Hopkins ACCESS Program health educators and nearly 500 Kabul school teachers). The REACH SM Unit continued these initiatives by training 100 male *shura* (community leaders) in Jawzjan province in SWS and Clorin use. Since REACH took over SM, radio and television spots on Clorin use have started airing on a regular basis. Also a mystery client survey was conducted in 99 Kabul pharmacies to reveal that SM products were available in 95% of these outlets. However, only about one-half of the pharmacists were providing counseling about the products. Over 2.9 million socially marketed products were sold during the reporting period, in spite of the hiatus in sales during the transition in September.

In the area of educating the public for improved health practices, REACH made several advances in this period. Forty-eight radio spots, 24 each in Dari and Pashto, on immunization and family planning were completed for broadcasting early in the new year. In addition, nine radio spots on immunization, diarrhea, and malaria were adapted for broadcasting in mosques. Nearly 100,000 information, education and communication materials in the form of posters, flipcards, and flipcharts were distributed to NGOs for use in their health facilities and community outreach efforts. New messages on pregnancy, childbirth, safer home delivery and care of mother and baby were finalized.

REACH's Learning for Life (LfL) initiative, a nine-month health-based accelerated adult literacy and learning initiative pre-qualify women in rural areas for CHW and Community Midwifery training, made significant advances through graduation of the first 1,254 women from 60 classes

in Kabul and Herat Provinces. Also, during this period, nearly 270 new classes were established for more than 5,500 new enrollees. The Deputy Minister for Vital Literacy in the Ministry of Education gave approval for the presentation of certificates to graduates of LfL 3rd grade equivalency classes.

Capacity building for staff of the MOPH, at both the provincial and central levels, registered many achievements in both new and continuing activities. Skills of Provincial Public Health Office staff in all REACH provinces have been improved through training, both at the provincial level and also through regular quarterly workshops held in Kabul with assistance from REACH. Training for provincial public health staff included management and leadership development, community-based health care, strategy development to improve efforts in immunization and family planning.

MSH's Decentralization Mapping Tool was used to undertake assessments in all 13 REACH provinces and results were presented to senior MOPH staff. In a workshop, central MOPH staff worked together to identify gaps and approaches for bridging these gaps with a focus on enhanced communication and linkages between central and provincial MOPH.

Another MSH-developed approach—the Fully Functional Service Delivery Point (FFSDP) monitoring and supervision methodology—has been adapted for use and successfully applied in Afghanistan in over 200 health facilities in REACH provinces. Periodic assessments continue with significant improvements being achieved. FFSDP committees have been established in each province as have several model FFSDP health facilities to serve as demonstration and training sites. A report on the baseline FFSDP evaluations in nearly 200 facilities was prepared and disseminated during this period. The MOPH recognized the value of the FFSDP approach in its recommendation to expand FFSDP to non-REACH provinces on a phased basis.

REACH continued its intensive efforts to strengthen the central MOPH through its active participation in many of the key stakeholder and technical committees and taskforces. In this capacity, REACH influenced many initiatives which came to fruition during this period. These include the finalization of the revised BPHS and the EPHS. Both were printed in English and Dari and Pashto translations and printing are in process.

The national Health Management Information System (HMIS) achieved a new level of performance; REACH successfully installed a provincial hub of the database at the Provincial Public Health Office in Herat Province thus allowing that province to fully aggregate all HMIS information from the province by itself. This is a critical step in full hand over of the system for implementation and management from REACH to the MOPH. Initial and refresher training in use of the HMIS and, especially, in the use of data produced by the system continues.

Emergency preparedness initiatives during this period included active REACH participation in the Visceral Leishmaniasis and Acute Gastroenteritis (AGE) taskforces of the MOPH. Through the latter taskforce, REACH played a key role in the successful management of the acute watery diarrhea outbreak in Kabul and several provinces during the summer of 2005. REACH also assisted in developing technical guidelines and strategies to combat avian influenza and contributed to a winter emergency plan to ensure the availability of medicines and other support for anticipated seasonal disease outbreaks.

Support to the Global Fund for AIDS, TB and Malaria continued during this period with special efforts focused on the establishment of a National TB Board, TB strategic and operating plans, and special efforts to pilot TB Directly Observed Treatment, Short course (DOTS) in several

REACH provinces. REACH supported staff of the Afghan National TB Program (NTP) to present achievements in TB in Afghanistan at global and regional conferences of the International Union of TB and Lung Health. These presentations were very well received.

The REACH contribution to Human Resource Development with the MOPH continued. The Testing and Certification process is now institutionalized with regularly scheduled exams three times a year. During this reporting period nearly 700 health professionals were tested in Kabul and Badghis provinces with an overall pass rate of approximately 50%. Also, job classifications for MOPH employees were finalized and approved by the MOPH Executive Board.

Technical assistance to the Grants and Contracts Management Unit (GCMU) of the MOPH continued as the GCMU moves towards taking over the grants process currently managed by REACH. In particular, REACH provided extensive mentoring during the process of developing the Request for Proposals issued on 22 November for the MOPH Performance-based Partnership Grants (PPG). Six individuals were selected jointly by MOPH and REACH to be mentored by REACH before taking up their positions as grants officers and finance, information technology and HMIS positions to manage the new PPG grants within the GCMU.

Within the REACH structure, there are three important cross cutting initiatives, all of which were very active during the reporting period. NGO grantee capacity building initiatives implemented by the cross project NGO Development Team (NGO DT), included planning and hosting two successful NGO grantee Roundtable meetings and managing the ongoing regularly scheduled face-to-face meetings with individual NGO grantees. Focused technical assistance was provided to selected NGO grantees via targeted technical inputs by the NTO DT and through newly established Fully Functional Service Delivery Point (FFSDP) model clinics in the provinces and four Learning Centers in Kabul Province.

Another cross cutting initiative is implemented by REACH's Gender Team which conducted Gender Awareness Workshops for over 200 participants from the PPHCCs and NGOs in 8 REACH provinces. This team also provided special gender awareness sessions in other REACH-supported training events including the refresher training courses and the training for recent medical graduates. The Gender Team also supported leadership and organizational development activities with the new Association for the Empowerment of Afghan Women Health Professionals. The Gender Team worked with the MOPH and Ministry of Women's Affairs on a reproductive health and rights brochure, co-funded by REACH and UNFPA, and began preparation and testing of a Gender Awareness Calendar for 2006.

The third cross-cutting initiative, a Community Based Health Care (CBHC) Team undertook a number of activities to improve the linkages between health care initiatives at the community level and health facilities. The CBHC team was substantially involved in developing the curriculum and in the training of the newly appointed CHSs. This Team also provided inputs for the revision of the BPHS and supported the MOPH in hiring a CBHC Coordinator in its Primary Health Care department to support policy and strategy development and to coordinate national CBHC activities.

REACH's Planning, Monitoring and Evaluation Unit finalized and disseminated one evaluation report and began plans for several others. It also began planning for the End of Project Household Survey to measure, at the population level, the impact of REACH's health interventions. This unit also made considerable progress in its efforts to publicize the program and share its work through updates and additions to the REACH website (www.msh.org/afghanistan) as well as local media articles. A number of press releases about REACH's work were written and distributed.

Kabul Times printed stories about REACH's work in Health Management Information System development, TB activities, Learning for Life, and its technical assistance to NGOs. REACH also assisted the Minister of Public Health with a draft speech to Parliament and with a press conference following his trip to the U.S.

By the end of November 2005, REACH had made significant progress towards achieving project targets, as seen in the table below.

REACH Achievements for Selected Activities June-November 2005

Activity	Target (date)	Achievement (% of target)
Total population provided BPHS/EPHS services directly through REACH-supported facilities	6,500,000 (life of project)	7,323,726 (113%)
Community health workers trained	4,414 (Dec. 2005)	5,508 (125%)
Midwives trained	324 (Dec. 2005)	337 (103%)
Health workers retrained	3,100 (Dec. 2005)	2,323 (75%)
Females enrolled in accelerated literacy program	7,300 (Dec. 2005)	8,597 (118%)*
Pharmaceuticals distributed (\$ value)	\$7.2 million (Dec. 2005)	\$3.5 million (49%)

* 1254 of the 8,597 completed classes in Herat and Kabul provinces

This report on REACH activities from June through November 2005 reflects a period of full implementation of all REACH activities. Despite continued security concerns, the murder of several grantee NGO staff members and a grantee clinic bombing, as well as the delay of some planned work due to disruptions caused by Parliamentary elections and Ramadan, the REACH Program expanded its activities and continued ongoing initiatives in support of the MOPH and the provision of basic health services. As REACH moves into its last year of activities under the current contract, this report identifies achievements as well as constraints encountered by the technical programs and presents the plans for the next steps as the program continues to work toward making quality health care accessible to the Afghan people

INTRODUCTION

Background

The Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program was launched on May 16, 2003, by Management Sciences for Health (MSH) under contract to the United States Agency for International Development (USAID) specifically to address the health of women of reproductive age (WRA) and of children under age five. To fulfill this mandate, REACH enters into grant agreements with numerous local and international non-governmental organizations (NGOs). During the period of this report, REACH worked in partnership with the following external subcontractors to undertake activities and reach the achievements reported: Academy for Educational Development (AED), JHPIEGO, Technical Assistance Inc. (TAI), and the University of Massachusetts/Amherst.

The REACH Program's strategic objective is to increase the use of basic health services by two target groups – women and children. With the assistance of the Program's support services, four REACH technical programs address three intermediate results (IR) through five activity components, as follows:

IR 1 Expanded access to quality Basic Package of Health Services (BPHS)

- Expanding coverage of basic essential obstetric care, child health and family planning services and tuberculosis control through increasing the number of health facilities and extending community outreach
- Improving the capacity of health providers to provide services in rural areas and health facilities
- Developing a social marketing program for contraceptives and other health products¹

IR 2 Improved capacity of individuals, families, and communities to protect their health

- Implementing behavior change communication (BCC) to promote healthful practices through public health education programs, including interpersonal communication and counseling (IPCC) by community health workers and community midwives, and through multi-media communication campaigns

IR 3 Strengthened health systems at the national and provincial levels

- Improving the capacity of the Ministry of Public Health (MOPH) to plan and manage, allocate resources, increase human capacity, strengthen the health information system, monitor and evaluate the BPHS program, make management and policy decisions based on data, and manage the essential drug supply system at national and provincial levels

Key Activities of the REACH Program

The REACH Program awards performance-based grants to Afghan and international NGOs for expansion of the health service infrastructure and delivery of the BPHS in underserved provinces and districts. REACH also supplies grantees with technical assistance and provides drugs, training, and other in-kind supplies.

¹ This component was returned to the REACH Program for implementation, effective 1 October 2005. See p. 22 for a report of all Social Marketing activities during this reporting period.

REACH works in partnership with the Ministry of Public Health (MOPH) at central and provincial levels to build the Ministry's capacity to develop policy and to fulfill both its primary role (developing policies and strategies, and overseeing service delivery) and its secondary role (delivering services directly). REACH also works with the MOPH to strengthen its systems and skills in areas such as resource development, health information management, drug management, financial management and planning, human resource development, grants program management, and health sector leadership, among others.

REACH emphasizes community-based health care (CBHC) through training and equipping Community Health Workers (CHW), Community Health Supervisors (CHS), community midwives, and other service providers to deliver basic services and information as part of an integrated system with community ownership. REACH empowers the community through mobilizing community leaders to support CHWs and to encourage community participation in the healthcare system

To support CBHC, REACH also ensures that health facilities, both those funded by REACH grants and by others, are staffed with trained health providers who have received REACH pre- and in-service training. REACH also undertakes regular monitoring and other initiatives to ensure the quality of services in these facilities.

Empowering women through health-related literacy is also a key element in the REACH Program, as is behavior change communication to promote better health practices.

Structure of this Report

This report reviews REACH activities under the three intermediate results (IRs) and by activity component for the six-month period June through November 2005, presented as follows:

- The key achievements under each activity component
- Major constraints in implementation of activities
- Next steps and ways to facilitate the progress of the technical program

REVIEW OF PROGRESS FOR THE June – November 2005 PERIOD

IR 1: Expanded access to quality health care services based on the BPHS in health facilities and through community outreach in rural areas

Component 1: Expanding coverage of basic essential obstetric care, child health and family planning services and tuberculosis control through increasing the number of health facilities and extending community outreach

Achievements

Management of all grants to NGOs

- Ongoing management of 43 grants and 6 sub-contracts (includes active BPHS grants and subcontracts for refresher training and hospital/training center design only) to NGOs and design firms continued this period through receipt and review of monthly and quarterly deliverables/progress reports from NGOs, review and payment of invoices, on-site monitoring and ongoing coordination with NGOs.
- Cost-reimbursement payments of \$16,871,397 were made to grantees/sub-contractors for the period June – November 2005. Cumulative payments to grantees/sub-contractors totals \$41,674,262 for the period July 2003-November 2005.

Basic Package of Health Services (BPHS) and other Sub-Contracts grants

- REACH held “Face-to-Face” program/budget meetings for headquarters and technical staff of 8 BPHS and 5 midwifery training grantees: AHDS, Ibn Sina, NAC and IMC, Merlin, SC-US, WVI, Medair. Action plans were developed and were then monitored by Grant Officers for ongoing assessment of performance improvement.
- During this reporting period, REACH monitoring teams made 343 visits to Health Facilities and 3,283 visits to CHWs belonging to BPHS NGO grantees in Kabul (IMC, BRAC, CAF and STEP); Ghazni (BDF, NAC and SDF); Ghor (WVI); Badakhshan (AKDN, Merlin and Medair); Baghlan (BDF and CAF); Paktia (Ibn Sina); Herat (CoAR, NPO, CHA, and WVI); Ghor (WVI), Faryab (CHA and SC-UK), Bamyan (ADRA), Takhar (Merlin and CAF), Jawzjan (SC-US).
- From June 15 to July 12, REACH conducted financial reviews of 9 NGO grantees (SDF, NAC, SC-UK, Merlin, BRAC, BDF, CoAR, Medair and IbnSina). Only minor issues were found, and recommendations and plans for corrective measures are in place.
- On August 21, six BPHS grantees were introduced to auditing basics and processes to prepare them for REACH procured grant audits for Fiscal Year 2004. All other grantees are independently managing their organizational audits with Regional Inspector General approved firms.
- REACH established a process to honor an NGO each month for outstanding performance. REACH presented Certificates of Achievement on behalf of REACH, USAID and the MOPH to four NGOs, STEP Health and Development Organization, Care of Afghan Families (CAF), Norwegian Afghanistan Committee (NAC) and Coordination of Afghan Relief (CoAR), in recognition of their high standard of performance in implementation of their REACH BPHS Grants.
- On October 24, REACH and the MOPH GCMU conducted a grant closeout workshop in Dari and English for more than 100 participants from grantees, MOPH and REACH staff.

This was the first step in organizing the program for a proper and efficient close out of the grants in accordance with USAID regulations and to facilitate the transition to the USAID funded post-REACH program for delivery of the BPHS.

- AQS staff participated in three half-day video conferences on family planning, gender, and poverty on June 21-23. Participants from Washington, Dhaka, Tehran and Islamabad presented information, shared their experiences, and responded to participants' questions from the sites.
- A fixed price subcontract for hospital design, in the amount of \$451,832, was signed and agreed upon with Biyikoglu-Alpha JV. The dates of the contract are 08/25/05 – 03/31/06.
- A fixed price subcontract valued at \$230,000 was signed between MSH and VENCO to obtain the architect-engineer services to design regional and provincial training schools for the Institute of Health Sciences/MOPH, primarily to support the further training of midwives. The period of performance of the subcontract is November 29, 2005 - March 31, 2006.
- Final grant agreements were signed with Merlin and NAC to fund provision of the BPHS in Badakhshan and Ghazni provinces.
- A final grant agreement was signed with Cure International to fund the Family Medicine Training Program at Cure International Hospital in Kabul.
- Modifications to grants issued during the months of June-November included adjustments in program activities such as the procurement of vehicles or motorcycles to support immunization outreach, the addition of new clinics, changes in USAID regulations, changes to grant ceilings and obligated budgets and close-out related requirements.

Supporting Provincial and other Hospitals

- REACH provided a functional and space allocation program and a design sketch for Paghman District Hospital maternity ward for the local PRT.
- REACH provided sketches for 3-bed private ward (individual rooms and bathrooms) as well as a functional and space allocation program, and preliminary sketches for a 10-bed VIP extension at Wazir Akbar Khan (WAK) Hospital.
- Upon the donor's request, REACH prepared a functional and space allocation program for a 400-bed "Mother and Infant Care Center" for Rabia Bulkhi Hospital. In addition, sketches were provided for the sewage system of this hospital.
- REACH prepared functional and space allocation programs for the 150-bed Mental Hospital Kabul, five 40-bed regional Mental Hospitals and thirty-two 20-bed Provincial Mental Hospitals.
- A Baseline Hospital Management Assessment was completed and staff moved forward with preparing a report on the estimates for work required to improve the physical infrastructure in Badakhshan provincial hospital.
- A Call for Expressions of Interest in implementing the Essential Package of Hospital Services (EPHS) at Badakhshan Provincial Hospital was issued on August 30 to four NGOs currently implementing the BPHS in Badakhshan province with USAID funding (AKHS, Merlin, Medair, CAF). All four NGOs expressed interest in applying for funding.
- On September 14, 2005, RFA 05-02 was issued for delivery of the EPHS at Badakhshan Provincial Hospital. A review panel comprised of USAID, MOPH and REACH met on October 2 and selected CAF for a grant to deliver the EPHS/Hospital Management Improvement at the Badakhshan Provincial Hospital. USAID approved issuance of the grant, and CAF began activities on October 1, 2005.

Provision of Essential Drugs and Commodities to BPHS Grantees

- During the reporting period, REACH provided US \$ 2,084,170 in drugs to NGO grantees for distribution to health facilities and CHWs and to Loma Linda University for WAK Hospital.
- Approximately 6,700 Basic health kits and 18,000 bars of soap, donated by the United Methodist Committee on Relief (UMCOR), were distributed to REACH grantee CHWs and provincial hospitals.
- The National Medicine Policy was finalized, approved by the MOPH, and distributed. This report is available to the private sector, MOPH and the Quality Control Laboratory.
- The licenced drug list was approved and printed in August 2005.
- Managing Drug Supply (MDS) training courses were conducted for pharmacists and doctors belonging to REACH NGO grantees (BDF, SDF, NAC, BRAC, CHA, AKDF, STEP, SC-UK, WVI, Ibn Sina, CAF, Merlin, Medair, AKDN, IMC and CoAR) in Ghazni, Kabul, Paktia, Badakhshan, Takhar, Baghlan, Faryab, Bamyar, Khost, Paktika and Herat provinces. Participants gained skills in the selection, supply and proper distribution of medicines. Another MDS training course was conducted for MOPH pharmacists in Kabul.
- On September 9, a shipment of essential pharmaceuticals valued at \$46,980 arrived in Kabul and was delivered to the REACH warehouse.
- A protocol to process NGOs drug requests has been established by REACH and circulated to grantee NGOs to ensure better planning and coordination regarding drug requests and distribution.
- The Drug Management Unit conducted supervisory visits to Merlin and CAF in Takhar province, WVI in Ghor province, CAF, Merlin, Medair and AKDN in Badakhshan province, WVI, CHA, NPO and CoAR in Herat province, BDF and CAF in Baghlan province, Cure International, WAK Hospital, BRAC, STEP and CAF in Kabul province.
- Rational Use of Drug (RUD) approaches and technical assistance were provided to the health facility staff in Takhar and Badakhshan provinces.
- REACH DMU team conducted an assessment of Drug Supply Management chain in WAK Hospital and Cure International hospitals and provided recommendations to improve the effectiveness and efficiency of the systems.
- REACH DMU provided essential drugs, including anti-TB drugs, to CURE International and WAK Hospitals and provided TA to hospital staff on managing the drug supply system.
- On October 25-27, REACH Drug Management Unit presented and participated in a Hospital Management workshop with 35 other participants (grantee and PHO staff) to finalize hospital pharmacy standards.
- REACH established a new pharmaceutical distribution center adjacent to the REACH Karte Se Office and expanded the pharmaceutical warehousing space in anticipation of \$4.5 million dollars worth of pharmaceuticals due to arrive in Kabul in December 2005 for distribution to the BPHS and EPHS grantee NGOs.

Clinic Construction Coordination

- USAID is funding the construction of 219 new health facilities (125 in REACH provinces and 94 in Non-REACH provinces) by non-REACH contractors. In its role of coordinating between the USAID construction project, the MOPH and NGOs, REACH has worked with the MOPH and NGOs to identify service providers for 130 of the 219

sites. A list of 89 sites without service provider coverage has been submitted to the MOPH for follow up with World Bank and EC funded NGOs as well as other donors. Coordination with MOPH is ongoing to identify service providers for these newly constructed sites.

- In a meeting with REACH, Japan International Cooperation System (JICS) agreed to buy medical equipment for 30 more newly constructed facilities (CHCs and BHCs) in addition to the 100 already equipped earlier this year. JICS priority provinces are Balkh, Nangahar, Kandahar and Bamyan. JICS equipment for the 30 additional clinics should be delivered in April 2006.
- REACH is continuing to coordinate with MOPH, World Bank, EC and JICS to identify service providers and sources of furniture and equipment for the newly constructed health facilities.
- REACH continued coordination with the World Bank with regards to procurement of clinic furniture for newly constructed clinics in accordance with the original commitment of WB to furnish all USAID constructed sites. REACH also facilitated coordination between the USAID funded Demilitarization, Demobilization and Rehabilitation program (DDR) and the World Bank.

Constraints

- Security issues have interrupted routine operations and supervision in several provinces. Two of the NGOs affected by more serious security incidents include AHDS and CHA. A doctor working for NAC in Ghazni province was assassinated while working in the clinic. Five AHDS health staff were killed by armed gunmen that attacked their vehicle traveling to a mobile clinic several kilometers outside the capital city of Kandahar province. An improvised explosive device exploded at AHDS clinic in Kandahar province causing substantial damage to most of the building. CHA education program staff were attacked and one staff was killed in Faryab province in the vicinity of the health services program funded by REACH.
- Lack of skilled and appropriate personnel in grantee NGOs has required substantial effort from REACH staff to address drug supply management issues.
- Delayed procurement of clinic furniture by World Bank has continued to affect service delivery by NGOs working out of provisional sites.
- NGOs continue to face difficulty hiring female health workers for remote and insecure areas.

Next Steps

- REACH and NGOs will continue to assess the security situation in each of the provinces, and if necessary adjust program activity plans in accordance with the security situation.
- NGOs are recruiting midwives from Tajikistan to work in remote health clinics pending the graduation of newly trained midwives from the IHS and community midwifery schools.

Component 2: Improving the capacity of health providers to provide services in the rural areas and in health facilities

Achievements

CHW and CHS Training

- Ninety-four CHW trainers from CHA, WVI, COAR and NPO, CAF, STEP, NAC, BDF, Merlin, AKDN, and Medair received a one-week refresher training course.

- A one-week TOT training course was conducted for 15 CHW trainers from Future Generations, ADRA and CAF.
- REACH conducted a three-day workshop on Training Management for 22 training managers/master trainers of 15 REACH NGOs to improve the quality of their training program.
- A total of 19 training managers from 17 NGOs participated in a 3-day Training Design Workshop to learn how to design in-service training for CHWs and health facility staff on recognition and management of acute respiratory infection.
- Community Health Supervisor (CHS) Introductory Training courses were held in Kabul for 80 community health supervisors belonging to Seven NGOs (IMC, BRAC, CAF, ADRA, SDF, BDF and STEP).
- Four training courses were conducted for 72 CHSs from Merlin, AKHS, IMC, Ibn Sina, CHA, NPO, WVI and CoAR, in Kabul and Herat provinces.

Community Mapping and Community Mobilization

- Community Mapping TOT workshops were conducted for 53 staff of REACH Round 3 NGOs (CAF, STEP and NAC) in Kabul, Ghazni and Baghlan provinces.
- A two-day Community Mapping refresher training was conducted in Herat province for 30 staff from CHA Herat and Faryab provinces.
- A Community Mapping TOT was conducted for 17 CHW trainers, supervisors and managers from Future Generations, ADRA and CAF.
- Two-day Pictorial Register teacher training courses were conducted for 138 CHW trainers and supervisors, facility staff, HMIS staff, vaccinators, facility level managers from ADRA (Bamyan); NPO, WVI, CHA and CoAR (Heart); BDF, SDF and NAC(Ghazni), SC-US (Jawzjan and Faryab), SC-UK (Jawzjan),WVI (Ghor), IMC (Kabul, Paktika, Khost and Bamyan) and CAF (Kabul and Baglan).
- Community Leadership TOT courses were conducted for 88 CHW trainers, managers and other supervisory staff from NAC, MERLIN, AKDN, Medair, CAF, SC-UK and Ibn Sina.

Midwifery Grants

- The graduation ceremony for 30 new midwives was held at the Herat Institute of Health Sciences (IHS) on 21 June 2005. IHS/Herat and World Vision provided a technical briefing to the Director of the IHS and the General Director of Human Resources/MOPH Kabul, in connection with their attendance at the ceremony.
- The graduation ceremony for 61 new midwives was held in Jalalabad Institute of Health Sciences (IHS) on 5 July.
- On August 7-17, an Effective Teaching Skills course was held in Kabul to update knowledge on teaching methodologies and standardize the skills of 18 clinical faculty from REACH-supported Midwifery Programs.
- A Job Fair for new midwives was held on 9 October at the Institute of Health Sciences (IHS) in Kabul. The event brought 40 midwives and 20 NGOs together to exchange information about available midwifery positions.
- A Job Fair for recently graduated and current midwifery and nursing students was held on 30 November 2005 at the IHS in Mazar. The event brought graduates and students together with NGOs to exchange information regarding available midwifery and nursing positions.
- The MOPH Executive Board endorsed the National Policy on Midwifery Education and Accreditation of Midwifery Schools.

- The third National Accreditation Workshop for midwifery training programs was held in Kabul. A total of 62 representatives from all 10 USAID-funded/REACH supported midwifery training programs attended the 3-day event. A special event was organized on the day before the workshop to orient all midwifery programs in the country to the new national Midwifery Education and Accreditation Policy. Presentations by key government representatives outlined the authority and requirements of the MOPH in regards to midwifery education.
- A family planning course was held in Kabul for 15 clinical faculty from the four REACH-supported IHS Midwifery Programs to update the knowledge and standardize the skills of participants in family planning services according to the national clinical standards.
- A mission comprised of the US Ambassador, USAID director and other USAID and related officers visited the Community Midwifery Education (CME) program in Bamyán province. The technical support by REACH and the field office staff was highly appreciated by the mission.
- Technical support visits were made to the safe motherhood initiative clinical and educational sites of Jalalabad, Herat, Faizabad, Gardez, Ghazni, Bamyán and Herat provinces. Clinical standards and educational standards, as well as the methodology for improving those standards were supported during these visits.

Infection Prevention

- An Infection Prevention (IP) Policy Workshop was held in Kabul for 57 health managers from around Afghanistan, from the nine hospitals in the REACH IP initiative plus staff of the other four Provincial Hospitals supported through REACH. Directors and staff of many other Kabul hospitals also participated. The participants were oriented to the concepts of Infection Prevention and reviewed and approved a National Infection Prevention Policy and Protocols.
- The MOPH Executive Board endorsed the National Policy on Infection Prevention and Control as well as the IP guidelines, tools and training materials.
- An Infection Prevention Training Workshop was held in Kabul from 26 – 29 September for 19 health personnel from WAK Hospital, Kabul; CURE International Hospital, Kabul; and Faizabad Hospital, Badakshan.
- An Infection Prevention course was held in Herat the end of November for 24 hospital staff including heads of most wards.
- Besides the nine hospitals supported by the IP team, support trips were made to Ghazni and Faizabad hospitals for technical support.
- Job aids in the form of posters were developed and distributed to 15 hospitals.

Improving the Quality of Care in Maternity Centers

- Standards-based Management (SBM) Module 2 Workshops were held for two groups of hospitals: (6 hospitals providing EOC services and 9 hospitals implementing Infection Prevention program). SBM Stakeholders Coordination Meetings were held in July and October 2005 to further support the SBM process by the MOPH.
- EOC courses were held at Malalai Hospital, Kabul; and Mazar-e-Sharif and Herat Civil Hospitals to update the knowledge and standardize skills of 58 participants in key safe motherhood practices according to national clinical standards.

Health Workers Refresher Training

- Doctors, nurses and midwives completed a total of 1926 refresher training course modules in Newborn Care, Family Planning and Infectious Disease, Integrated Management of Childhood Illness (IMCI), and Disability and Mental Health.
- REACH completed a three-week Refresher Teacher Training course on Mental Health, Disability and Community Health for 56 NGO master trainers (doctors, nurses and midwives) from Ibn Sina, AKDN, CHA and IMC, the first such training to have been held. New teaching materials were launched during this training.
- An IMCI follow up course for the NGOs Refresher Training master trainers was held from August 7 to 11. Nineteen master trainers (8 from Ibn Sina and 11 from AKDN) participated. Facilitators were from the IMCI department of the MOPH.
- With REACH support, 23 laboratory trainers and senior technologists completed a two-week course on basic BPHS lab tests conducted by Provincial Reconstruction Team (PRT) at the Institute of Health Sciences (IHS) laboratory. The IHS lab was fully re-supplied in preparation for the training course.
- Twenty seven lab technicians were trained in two refresher training courses designed and taught by the REACH Laboratory Refresher Training Program.

Other training

- A total of 197 new medical graduates from Kabul Medical Sciences University competently completed a two-month pre-service course in Public Health, (one month in the classroom and one in clinical work). All course participants will serve in governmental health posts.

Constraints

- Follow-up technical assistance to CHW training has been constrained because the REACH staff have taken responsibility for the previously unplanned training of the 300 NGO Community Health Supervisors.
- Incinerators and other supplies ordered for the Infection Prevention unit have not yet been delivered.

Next Steps

- Community Health Supervisor (CHS) Training will be completed by March 2006 to all REACH grantee NGOs.
- REACH will offer a TOT on the Pictorial Register to the remaining NGOs
- An evaluation of the community leadership program will be conducted to document NGO approaches and experiences as well as the nature, composition, activities and impact of a sample of community health *shuras* in December 2005.
- REACH will continue to provide TA to NGOs implementing community leadership, community map and pictorial register.
- An instructional design workshop for midwifery training staff will improve skills in designing knowledge assessment tools and materials.
- A fourth Accreditation Workshop and a series of follow-up technical assistance visits will finalize the preparation of midwifery training staff for accreditation assessments of their training schools.
- There will be an Effective Teaching Skills workshop to train midwifery clinical training staff that have not yet had an opportunity to attend this training. The workshop will; also be used to consolidate the teacher training skills of a group of the more experienced Afghan staff.

- Final Essential Obstetric Care courses and a series of three Advanced Emergency Obstetric Care courses will be taught for staff of the BPHS health facilities in REACH provinces.
- Install incinerators and provide training in use and maintenance. Distribute supplies such as washers and autoclaves to the different sites.
- Follow up test the job aids.
- Complete IP training for four southern hospitals.
- Conduct evaluation of refresher trainings at 60 health facilities where refresher training participants are currently working.

Component 3: Develop a social marketing program²

Achievements

Total socially marketed products sold between June-November 2005³

Name of product	No. of products sold by PSI (June-August)	No. of product sold by Social Marketing (October-November)	Total
Clorin	158,030	16,300	174,330
No. 1 condoms	920,243	1,271,273	2,191,516
Ok Oral contraceptives	146,207	76,041	222,248
OK Injectable Contraceptives	74,280	18,320	92,600
Safenite Nets	86,489	1,960	88,449
Safenite Net Tabs	84,470	0	84,470
Grand Total	1,469,719	1,383,894	2,853,613

Training

- Thirty-two midwives of Rabia Balkhi Hospital in Kabul were trained on family planning counseling in June.
- Eight health educators from John Hopkins University ACCESS Program were trained on safe water system and Clorin in June.
- 497 school teachers in Kabul were trained in June on use of Clorin.
- There were no trainings in July through September due to the handing over of program activities from PSI to MSH.
- In November, 100 male Shura members in Jawzjan were trained on safe water system and use of Clorin.

Research and Communication

- Four minutes of radio spots (two minutes each in Dari and Pashto) are aired daily seven days/week starting from 15 November on Clorin and Clorin useage.

² This component was returned to the REACH Program for implementation, effective 1 October 2005; this report reflects all PSI and REACH activities combined.

³ There were no sales in September due to PSI phase-out and REACH start up activities during this period.

- From 15th November, , a total of three minutes of TV spots (1.5 minutes each in Dari and Pashtu) are aired every other day about Clorin and vegetable washing on three TV stations.
- In November, a mystery client survey was conducted in 99 Kabul pharmacies to assess the ability of pharmacists to counsel consumers. Social marketing products were available in 95% of these pharmacies. About 50% of pharmacists were not providing any counseling. Female surveyors had no difficulty purchasing contraceptives including condoms, from any of the pharmacies.

Sales and Distribution

- PSI-branded products were available in all provinces except Badakshan, Farah, Faryab, Oruzgan, Nimroz and Taloqan.
- Regional sales offices, previously all closed since August, were re-positioned and re-opened in Jalalabad, Mazar, Takhar and Hirat. A new office was opened in Kandahar.

Constraints

- All PSI training activities were stopped by July and sales activities were halted for the month of September to accommodate close-out and transfer from PSI to MSH/REACH, who assumed full project management on 1 October for a period of six months ending 31 March 2006. This had a negative effect on sales of all products.
- All but a few key PSI staff were terminated by September. As of 1 October, major hiring and re-hiring was begun and completed (total staff of 58 people) in late November..

Next Steps

- Continue all sales activities.
- Complete short-term surveys to inform current and future program activities.
- Implement short-term media and communications agenda (e.g., radio and TV spots with generic RH messages)
- Order 400,000 treated bednets to be in place by end of current project on 31 March 2006.
- Successful hand over of social marketing products and activities to a follow on project.

IR2: Improved capacity of individuals, families and communities to protect their health

Component 4: Implementing behavior change communication to promote healthful practices through public health education programs, including interpersonal communication and counseling by community health workers and community midwives and through multi-media communication campaigns.

Achievements

Information, Education and Communication/Behavior Change Communication

- On June 19, REACH hosted a workshop for the MOPH to finalize the Information Education and Communication (IEC) messages for sets of IEC materials on healthy pregnancy, preparing for childbirth, safer delivery at home and care of the mother and the baby.
- On July 11-15, a workshop on Formative Research for IEC/BCC was conducted for 10 IEC/BCC managers and assistants from the MOPH and NGOs to train them in the correct application of formative research on tuberculosis to improve the expansion of DOTS.
- Prototypes of small posters, large posters and flipcards on tuberculosis were finalized and approved.
- A total of 48 radio spots (24 in Dari and 24 in Pashto) on immunization and family planning were produced and the broadcasting is planned for February to April 2006.
- The versions of 9 radio spots on immunization, diarrhea and malaria for broadcasting in mosques (without music) were produced.
- The draft of materials on safe motherhood (antenatal care, planning for delivery, delivery care and postnatal care) were developed.
- The IEC/BCC Unit developed the plan and required tools for monitoring the distribution and use of IEC Materials. The tools were pre-tested in Kabul and the monitoring trips started in September 2005.
- IEC/BCC unit collaborated with PSS Unit to conduct visits to “model” facilities in order to support NGOs in use of IEC materials.
- A formative research designed to assist the National Tuberculosis Program (NTP) was conducted and the final report was submitted to the NTP and the partners
- IEC/BCC Units collaborated in the training of doctors and the refresher training of master trainers by providing training in Interpersonal Communication and Counseling (IPCC).
- REACH distributed 81,123 small posters, 9,795 large posters, 6,568 flipcards and 2,259 cloth flipcharts to NGOs (AHDS, CAF, NPO, SDF, BRAC and LfL) for a total of 99,745 pieces of material distributed during the report period.

Learning for Life

- A total of 268 new LfL centers were established for 5,565 new enrollees
- Facilitator Training I courses were co-facilitated by LfL and subgrantee trainees for 300 facilitators in the LfL provinces to prepare them to facilitate the health and literacy classes.
- In Kabul, a TOT workshop for Facilitator Training I was conducted for 11 trainers and mobilizers from LfL implementing partners from Khost and Paktika provinces. Due to security reasons, LfL staff did not co-facilitate these trainings.

- The LfL program held a Round Table Workshop for 63 provincial-level sub-grantee staff in Kabul from August 7-12. The content of the workshop included provincial progress, problems, and plans; teaching/learning methods; use of instructional design materials; ways to support district/village-level facilitators; monitoring; narrative reporting; site selection and field program management.
- On September 4-6, a Community Connections Workshop was conducted for 37 LfL community mobilizers in Kabul province. Topics covered during the workshop were opportunities/possibilities for LfL learner involvement in their communities; characteristics of effective community mobilizers; current (expanded) community mobilizers' role including establishing links and collaborating with CHWs, Community Midwifery Schools, and National Solidarity Program activities; and ways to improve communication skills.
- Ministry of Education approved of the Learning for Life Foundations curriculum. The Deputy Minister for Vital Literacy gave his approval to present a certificate, jointly signed by the Ministry of Education and LfL representatives, to women who passed the certification examination. This certificate is for women who have achieved 3rd grade equivalency.
- Approximately 1254 women in 31 classes in Kabul province and 29 classes in Herat province completed the LfL Foundations program. Graduation ceremonies were held in Kabul and Herat provinces.
- LfL learning centers/sites in Kabul and Herat provinces were evaluated by LfL Instructional Design teams and Training staff in collaboration with the REACH LfL Technical Advisor.
- LfL Facilitator Training II backstopped by Kabul-based LfL trainers was held in Ghazni, Jowzjan, Paktia, Baghlan, Takhar, Badakhshan, Ghazni and Bamyan provinces for female provincial trainers and facilitators. LfL staff provided a TOT to Khost and Paktika trainers. NGO subgrantees conducted Facilitator Training II in these two provinces.
- The Kabul Times published "Learning for Life—Door to a Brighter Future for Afghan Women," a success story on the completion of the LfL program by learners in Paghman district, Kabul province.

Constraints

- Security concerns have prevented LfL staff from monitoring classes and co-training in Paktika and Khost.
- Facilitator Training II was delayed due to the September elections and Ramazan, immediately following.

Next Steps

- Print and distribute the IEC materials on tuberculosis.
- Pretest, finalize, print and distribute the IEC materials on safe motherhood.
- Broadcast the radio spots on vaccination and FP.
- Distribute the tapes of radio spots prepared for use in mosques.
- LfL staff will provide a Training of Trainers to subgrantee trainers to provide Facilitator Training III in the 10 provinces. Trainers will backstop the trainings in all 10 provinces, with the exception of Khost and Paktika.
- LfL trainers will monitor classes in 9 provinces (no classes will be monitored in Paktika).

- LfL will request the Ministry of Education, Vital Literacy Department to provide formal notification to provincial offices of their support to certify learners in the 10 REACH provinces who pass a third grade equivalency test.

IR3: Strengthen health systems at national and provincial levels to improve MOPH capacity to plan, manage and allocate resources

Component 5: Improve the management and leadership capacity of the MOPH at all levels

Achievements

Provincial Level

Strengthening the Provincial Public Health Office

- The third quarterly Provincial Public Health Directors (PPHD) workshop and seminar was held on June 14 to 16 for PPHDs from all 34 provinces, donors and NGOs. A total of 83 people attended the workshop.
- REACH continued its support of the Provincial Public Health Coordination Committee (PPHCC) meetings in all REACH provinces.
- PPHCC members conducted joint monitoring visits to 63 health facilities in Khost, Herat, Faryab, Ghazni, Kabul, Kandahar, Takhar, Bamyān, Baghlan, Jawzjan provinces.
- Twenty-two PPHCC members from Ghazni province received Community Based Health Care/Basic Package of Health Services (CBHC/BPHS) training.
- In Faryab, Paktia, Baghlan and Takhar provinces, the PPHCC members developed strategies to improve immunization and family planning coverage.
- Herat PPHCC members attended the Shura -e- Sehie meeting in Chest-e-Sharif district. MOPH priorities on FP and immunization were discussed and the role of Shuras and their involvement in contributing to improving the BPHS coverage was explained.
- The PRT in Herat, provided rehabilitation and support to the emergency unit in the provincial hospital of Herat and promised to provide two ambulances for emergency situations.

Provincial Decentralization Mapping and Leadership Program

- The results of the Decentralization Mapping Tool assessment in all 13 provinces were analysed and presented to the senior MOPH staff. A brain storming session was conducted with sub departments of all 6 General directorates to identify the gaps and needs for improving the gaps and needs for communication and linkages between the Central and the Provincial MOPH. The tool highlights the differences in perceptions of the roles and responsibilities of central and provincial level MOPH staff in three functional areas: health service delivery, public health surveillance and response, and human resources.
- A leadership workshop (4 half days) was held for the senior MOPH staff. Issues discussed included how to lead, the roles of the stakeholders, and how to effectively work with the stakeholders. Three Deputy Ministers and six General Directors participated.
- Management and leadership training courses were conducted for 143 PPHCC members, PPHO and NGO health facility staff in Paktia, Ghazni, Herat, Khost, Paktika and Takhar provinces. Working groups for Leadership development were formed to follow up on the progress in 6 Provinces (Bamyān, Ghazni, Takhar, Herat, Kabul and Faryab)

Fully Functional Service Delivery Point (FFSDP)

- Fully Functional Service Delivery Point (FFSDP) training was conducted for 144 NGO and PPHO staff from Kabul, Ghazni, Ghor, Herat, Bamyan, Baghlan, Khost, Paktia, Paktika, Baghlan and Badakhshan provinces.
- Baseline evaluations for FFSDP standards were conducted in 62 health facilities in Bamyan, Baghlan, Ghazni, Paktia, Badakhshan, Ghor, Paktika, Khost and Faryab provinces.
- The first internal evaluation of FFSDP standards was conducted in 99 NGO health facilities in Ghazni, Takhar, Bamyan, Jawzjan, Faryab and Jawzjan provinces.
- The Second internal FFSDP evaluation was conducted in Ghazni, Takhar and Herat provinces.
- FFSDP external evaluation was held in 12 health facilities in Herat and Ghazni provinces.
- The second external evaluation of FFSDP standards was conducted in 138 health facilities in Herat, Kabul, Bamyan, Takhar, Kandahar, Faryab, Jawzjan, Ghazni, Bamyan, Badakhshan, provinces.
- The third FFSDP external evaluation was conducted in eight health facilities in Kabul and Herat provinces.
- REACH provided technical assistance in developing FFSDP workplans to ADRA and IMC (Bamyan); Merlin and CAF (Takhar); BDF (Baghlan); BDF, SDF and NAC (Ghazni); SC-US and SC-UK (Faryab and Jawzjan); IMC (Paktika); and Ibn Sina (Paktia).
- Six FFSDP model clinics were established in Herat and Bamyan provinces based on the selection criteria.
- In Herat province, the FFSDP internal evaluation results were analyzed and reviewed with health facility staff and feed back was provided to the NGOs.
- Members of FFSDP support committee selected two health facilities in Ghazni province as model FFSDP health facilities. In addition, they developed a model FFSDP facility replication strategy.
- FFSDP committee meetings were held in Herat, Kabul, Paktia, Baghlan, Herat and Khost provinces. Results of the second external evaluation of the NGO facilities in Herat and baseline evaluation in Khost and Paktia were presented and discussions for the technical support and feed-back for the corrective actions of some standards were discussed.
- Provincial FFSDP support committee members conducted supervisory visits for technical support to 22 health facilities in Paktia, Khost, Faryab, Jawzjan, Herat, Takhar, Ghazni, and Bamyan provinces.
- Technical assistance visits were made to 10 FFSDP model health facilities in Takhar, Bamyan, Kandahar, Ghazni, Paktia and Herat provinces.

Central Level

Policy, Coordination, and Capacity Building

- A meeting was held with the Technical Advisory Group (TAG) in the MOPH to review the use of the FFSDP tool. TAG members recommended expansion of this tool to selected non-REACH Performance-based Partnership Agreement (PPA) and European Commission (EC) provinces.
- A presentation and discussion was conducted with members of the MOPH Executive Board on basic concepts in defining the roles and responsibilities of groups of people

who use Decentralization Mapping methodology in different organizations and at different levels (e.g., MOPH, NGOs, UN organizations and PPHCC members).

- REACH worked with MOPH and hospital Management Task Force to finalize MOPH proposal for US\$ 10,000,000 allocated by Ministry of Finance for effective implementation of Essential Package of Hospital Services (EPHS) at the provincial hospital level. The Hospital Management Task Force traveled to provinces and oriented the Provincial Public Health Directors (PPHD) of six northern provinces of Afghanistan on the overall goal and objectives of MOPH hospital sector development and the possibility of including the respective provincial hospitals in MOPH proposal for allocation of resources for EPHS implementation in their provincial hospitals.
- The provincial hospitals MOPH selected by the MOPH for EPHS implementation are Takhar, Ghor, Baghlan, and Kunduz. The fifth hospital of this project is Khair Khana Hospital, Kabul. The MOPH proposal for support of these hospitals from the allocated budget was forwarded to the Ministry of Finance for their review and approval.
- REACH staff assisted the MOPH in developing the Ministry's development strategy for submission to the Government for the 5-Year National Development Strategy.
- REACH supported the MOPH in developing plans for a Regional Health Conference to be held in Kabul in April 2006. Goals, objectives, and outputs of the conference have been developed as well as plans for countries and level of participation. The conference will focus on six infectious diseases: polio, TB, malaria, HIV/AIDS, cholera and avian influenza.
- REACH technically assisted the MOPH in preparation for the trip to the United States of the Minister and Deputy Minister of Health.
- REACH assisted with planning the press conference at the MOPH held by the Minister of Public Health on September 13. This was an opportunity to detail the minister's two-week visit to the US and his meetings with USAID and government officials. Representatives of 13 media outlets attended the press conference.
- REACH provided technical assistance to the MOPH in the process of preparation for the Minister's report on the MOPH achievements and his televised speech to the public and to the Parliament.
- REACH supported the MOPH by reviewing and commenting on the methodological and ethical aspects of five research proposals as part of the MOPH Ethical Review Board.

Basic Package of Health Services (BPHS)

- REACH supported the MOPH in the revision of the original BPHS, first published and released in March 2003. The revised version, which reflects two years of BPHS experience and incorporates elements of care formerly designated "second tier", i.e., mental health and disability), is titled "BPHS—2005".
- The final version of the revised BPHS was approved by the MOPH Technical Advisory Group and endorsed by the Minister with his signature.

National Hospital Policy

- The EPHS) for Afghanistan was printed in English and is now available in hard and soft copies. Translation of the EPHS to Dari and Pushtu was completed.
- REACH worked with the MOPH on finalizing staffing requirements that adhere to the MOPH policy as delineated in the EPHS.
- REACH conducted a one-day orientation for NGOs to introduce the MOPH principles on hospital management and EPHS policy.

Hospital Management

- A ceremony marking the initiation of hospital management activities by REACH grantee, Loma Linda University (LLU), was held on July 7 at Wazir Akbar Khan Hospital.
- A one-day coordination meeting was held between four provincial hospitals participating in the REACH Hospital Management Improvement program and the Emergency Obstetric Centers and Kabul hospitals. All of these hospitals are using the Standards Based Management (SBM) process.
- REACH helped the MOPH revise the terms of reference for the Hospital Management Task Force to provide greater recognition of the MOPH's role in planning and overseeing the hospital sector, including private hospitals, as well as highlighting the need to establish hospital standards to improve the quality of hospital care.
- REACH conducted a three-day workshop with pediatricians to establish hospital standards for treating pediatric patients with the following conditions: acute febrile ill-appearing child over 2 months to 5 years, diarrhea and dehydration, acute respiratory distress, severe malnutrition. In addition, standards were established for staffing, equipment, supply and drug requirements for a functioning pediatric hospital and emergency service.
- The MOPH Hospital Management Task Force (HMTF), with technical support from REACH and other MOPH partners, drafted a comprehensive workplan for HMTF for 2005-2006.
- REACH staff visited Paktika Provincial Hospital to conduct and complete the assessment of and action plan for standards in anesthesia, surgery, hospital facilities, equipment maintenance and the community hospital board.
- REACH conducted the eighth standards workshop, which covered standards for pediatrics, human resource management and pharmacy management. A total of 45 hospital staff from five Provincial Hospitals of Khost, Ghazni, Paktia, Paktika, and Badakhshan were trained. The participants reviewed and revised these standards to ensure they are relevant and appropriate for Afghanistan.
- REACH staff visited Khost and Paktia Provincial Hospitals to assess progress in achieving standards and to prepare an action plan and follow-up based on their achievements.
- Hospital standards developed by REACH were compiled in one manual to be presented to the Hospital Management Task Force for review and comments. The standards, developed through a consultative process with the five REACH provincial hospitals, have been tested and are considered appropriate for Afghanistan.
- REACH hospital management advisor and anesthesia/surgical standards consultant completed mentoring on hospital standards in Khost, Paktia and Ghazni provinces.
- REACH conducted a field visit to Ghazni Provincial Hospital to review the progress on the achievement of standards. Meetings were held with the hospital Performance Quality Improvement (PQI) team.
- As part of the mentoring strategy of the REACH Hospital Management Improvement program, a REACH team visited Paktika and Ghazni Provincial Hospitals and met with Provincial Public Health Directors (PPHD), Hospital Directors, and PQI team members.
- A REACH team visited Badakhshan Provincial Hospital to begin the hospital management improvement process.
- REACH staff visited Badakhshan provincial hospital to provide policy and technical support to the MOPH and CAF for better hospital management in Badakhshan province.
- REACH completed assessment of the Khost Provincial Hospital and introduced anesthesia and surgical standards.

Quality Improvement

- A Standards-Based Management/Performance Quality Improvement (SBM-PQI) workshop was held for 31 SBM-PQI team members from the four southern provincial hospitals to identify performance gaps, analyze the causes, select interventions, form teams, implement interventions and recognize achievements.
- A workshop was held for 30 SBM-PQI team members from the six sites implementing EOC standards for improved midwifery education.
- A stakeholders meeting was held at the MOPH regarding the SBM for PQI. At this meeting presentations were made on the process, progress to date and actions needed for the advancement of the program.
- A second stakeholders meeting was held in support of the SBM Program for the improvement of care in hospitals in Afghanistan. The meeting, at which a total of 40 people were further oriented to the SBM program, focused on improving services through the development and use of a recognition system based on consequences of performance.
- An SBM-PQI workshop was held for the SBM-PQI teams from 11 sites implementing infection prevention standards for improved midwifery education. Fifty-five participants received training in the next steps of change management through the SBM-PQI process. SBM – PQI field visits were made by the team to Ghazni, Mazar and Bamyan provinces to support the teams and strengthen the SBM-PQI program.
- REACH developed and presented regulations and SBM for midwifery to the MOPH Consultative Group for Health and Nutrition (CGHN).

Health Management Information System (HMIS)

- A Health Management Information System (HMIS) TOT workshop was conducted for 45 HMIS officers, supervisors and program managers from MOPH, REACH field offices and NGOs from Ghazni, Kabul Paktia, Faryab, Khost, Kandahar and Herat provinces.
- Initial HMIS training was conducted for 76 staff from CAF/Kabul, AHDS/Kandahar, Merlin and Medair/Badakhshan.
- A total of 40 staff from NGOs and the PPHO received HMIS refresher training courses in Herat and Faryab provinces. .
- Individual training on the HMIS Database was conducted for 16 HMIS officers from the MOPH and two NGOs grantees (AHDS and Merlin).
- The PPHO HMIS officer received on-the-job HMIS training in Herat province.
- HMIS database training workshops were conducted for 84 staff from REACH and non-REACH NGOs, MOPH and REACH field offices.
- REACH conducted a dissemination workshop with the MOPH to introduce the newly revised community-level Health Management Information System (HMIS) reports. Forty-seven participants from MOPH and NGOs (REACH and non-REACH) were trained on the revised HMIS community reporting forms.
- Eleven NGO health facility staff in Andkhoy district, Faryab province, attended a dissemination workshop on the use of health post level HMIS tools.
- REACH conducted basic network training for the MOPH HMIS Department staff.
- To support the MOPH HMIS task force in the development of a feasible hospital HMIS system in Afghanistan, REACH developed data formats for the various hospital levels.
- REACH assisted the HMIS task force of the MOPH to develop a proposal for the WHO Health Metrics Network (HMN) initiative requesting \$ 500,000 financial assistance to the MOPH HMIS department to build HMIS capacity in provinces, finalize the Hospital HMIS, promote early detection of priority diseases through a weekly health watch approach, and to promote information use, data quality improvement, and undertaking the Catchment Area Annual Census (CAAC).

- An initial two-day training for the CAAC was conducted for 82 supervisors, surveyors and volunteers from SC-US in Faryab province.
- HMIS Data Use training courses were conducted for 182 HMIS officers and health facility staff from NGOs and PPHOs throughout Afghanistan.
- A total of 59 CHSs were trained on the use of new health post level HMIS forms and data use.
- REACH distributed the HMIS Analysis database to all REACH field offices, NGOs, and the PPHO in REACH provinces.
- The HMIS provincial hub was successfully transferred to Herat PPHO.
- REACH assisted the MOPH HMIS Department to conduct a Hospital HMIS Workshop between November 16-17.
- Joint HMIS needs assessment and supervisory visits were conducted to 20 health facilities in Badakshan, Paktia, Maimana, Jawzjan, Paktika, Bamyan and Herat provinces.
- REACH staff were trained on the FFSDP database (how to use Pivot Tables and create their own charts and graphs).
- REACH completed an HMIS needs assessment in Ghazni province and developed a roll out plan.

Emergency Health Preparedness

- REACH provided technical advice to the Visceral Leishmaniasis outbreak task force and developed a proposal for an outbreak investigation by an international team to research possibilities for preventing the spread of the disease. A strategy to define the problem, disseminate information and prevent the spread of the disease was also developed.
- REACH supported the MOPH Visceral Leishmaniasis (VL) Task Force in developing a plan for a rapid survey of VL in Baghlan Province.
- REACH participated in the Acute Gastroenteritis (AGE) Task Force which seeks to control the spread of Acute Watery Diarrhea (AWD). Since the start of the outbreak in May 26, Kabul City had 23,000 cases with 12,000 admitted to hospitals; 19 deaths were reported. REACH worked with the MOPH to develop a plan for massive chlorination of water supplies, provide health education and train health care workers in case management. REACH staff also supported the MOPH Infectious Disease Department by monitoring and evaluating Kabul hospitals on their response to the increasing AGE cases. A rapid daily and weekly surveillance system was developed for Kabul hospitals and 22 sentinel sites were established to monitor the increase in the number of AGE cases in Kabul. Cholera case maps were prepared with assistance of REACH MIS staff.
- REACH conducted re-orientation seminars on proper case management of AWD in four main Kabul hospitals: Infectious Disease Hospital, Indira Ghandi Children's Hospital, Maiwand Hospital, and Khair Khana Hospital. A total of 80 participants (doctors, nurses, and chiefs of service) were trained.
- An Emergency Response committee meeting was held in Takhar on AWD outbreaks in Eshkamish and Kalafgan districts. A team was sent to each district to provide emergency IVs and drugs. The report of an emergency situation in Eshkamish proved false. The outbreak in Kalafgan, however, resulted in five deaths. Merlin began a massive health education campaign in Kalafgan mosques and schools.
- REACH provided technical assistance and support for MOPH technical guidelines and strategies to combat avian influenza in Afghanistan through the avian influenza task force.
- REACH revised and reviewed the MOPH winter emergency plan. The plan was presented to PPA and EC NGOs to plan for coming winter in Afghanistan.

- REACH actively supported the MOPH on an acute diarrhea control campaign launched in Kabul. The AGE Task Force made arrangements for adequate response to diarrheal control initiatives. REACH also provided Geographic Information System (GIS) support to the Task Force on tracking the spread of the disease.

Global Fund for AIDS, TB, and Malaria

- A National Tuberculosis (TB) Workshop was conducted by MOPH and REACH for the purpose of developing a national operational plan for 2005-2006 to identify key steps to expand the quality Directly Observed Therapy, Short Course (DOTS) program throughout Afghanistan during 2005-2006. A National TB Board was established, to help decrease the prevalence of TB in Afghanistan.
- REACH staff met with staff from BDF-Ghazni, ADRA and CURE Hospital to coordinate the implementation of DOTS in their facilities. Expansion of DOTS was also coordinated for BDF-Baghlan and IMC.
- The Tuberculosis National Quarterly Review Workshop, held on August 15-17, approved the TB operational plan for the period of July 2005-June 2006. By June 2006, all district hospitals and CHCs as well as 20 percent of all BHCs are to have opened TB centers.
- A Pilot TB DOTS meeting was conducted, with significant participation by the MOPH and NGO implementing partners (STEP, BDF, ADRA, IMC and CURE International). It was agreed to initiate Health Facility and Community DOTS in Kabul, Ghazni and Bamyan provinces. Each NGO will select the sites and introduce their staff for training.
- REACH supported the National TB section in developing the guideline for finalization of National TB strategic plan 2006-2010.
- With REACH support, staff of the Afghan National Tuberculosis Program (NTP) attended the International Union of TB and Lung Health (IUTLH) global conference in Paris and regional conference in Lahore, Pakistan to make presentations on Afghanistan's TB DOTS expansion achievements and challenges. The presentations made by the NTP were very well received by the international community. As a result, IUTLH asked Afghanistan to organize an entire panel discussion for the global conference in 2006.
- With REACH support, the NTP finalized the TB National Strategic Plan 2006-2009 and TB National Guidelines.
- A joint REACH, MOPH and WHO team visited Bamyan province to conduct a TOT workshop for selected NGO staff for DOTS training in the province.
- REACH conducted a TOT workshop for its pilot project for DOTS in Kabul and Ghazni provinces.
- Technical assistance was provided to the Global Fund/NTP in developing the NTP operational plan and TB laboratory quality proposals for the TB program.
- REACH assisted the MOPH in responding to Global Fund for AIDS, TB and Malaria's questions about Afghanistan's \$32 million proposal to combat malaria.

Human Resources

- The Testing and Certification process was carried out for 120 staff in Badghis province. The results were as follows: of 54 Nurses tested, 35% passed; of 11 Midwives tested, 63% passed; of 16 Laboratory Technicians tested, 1 passed; and of 8 Pharmacy Technicians tested, 0 passed.
- A total of 566 health workers (nurses, midwives, pharmacy technicians, laboratory technicians, physiotherapists and vaccinators) from various parts of Afghanistan were tested at the MOPH in Kabul for receiving certificates.
- The MOPH, with REACH technical input, developed its plan to conduct national level testing and certification of health workers (nurses, midwives, laboratory technicians,

pharmacy technicians and vaccinators) three times a year on a regular schedule—April, August and December.

- The results of the MOPH Testing and Certification exam for health workers on August 8, 2005 were announced. Of the 573 health workers tested, over 48% achieved registered and assistant levels.
- REACH provided the equipment for issuing national health staff ID cards to the General Directorate of Human Resources for Health.
- The policies and regulations on midwifery programs were finalized in the Human Resources Department (HRD) and some were discussed and agreed by the HRD taskforce.
- REACH assisted the MOPH teams in undertaking the Priority Reform and Restructuring (PRR) process in the north-eastern provinces. The PRR process helps to rationalize the staffing structure based on the need and workload at health facilities, Provincial Public Health Directorates and the MOPH. PRR provides a transparent and competitive process for selecting the best technically qualified candidates for each position.
- REACH assisted in developing hospital standards for human resources management at provincial hospitals.
- The job classifications for the MOPH employees according to the newly established grading system of the Afghan Civil Service Commission (CSC) were finalized and approved by the Executive Board of the MOPH.
- REACH reviewed the CSC staff appraisal and the development of plans to implement the appraisal process for MOPH staff who were already recruited.
- REACH supported the PRR team at the MOPH to prepare detailed plans for presentation to CSC as the final stage which, if approved, will allow commencement of PRR recruitment process for MOPH.

Health Financing

- REACH assisted the MOPH in developing indicators and evaluation criteria to assess the health financing pilot studies on user fees and community health financing as compared to free services.
- At the October REACH work plan review, USAID determined that further REACH work on health financing matters other than the National Development Budget should cease because the time and effort involved is not merited at this time within the MOPH. Discussions were held which concluded that the MOPH is not ready for a more formal pursuit of user fees. Missteps with a hospital fee schedule had resulted in it being prematurely and erroneously given to the Supreme Court, which then determined that such fees violated the Afghan constitution. As a result, there is no reason to further pursue this effort until the MOPH becomes politically committed to it.
- REACH worked with the MOPH in preparing to implement the EPHS Implementation Project in five MOPH provincial hospitals funded by the National Development Budget (NDB) in the amount of US\$10 million.

Grants and Contracts Management Unit (GCMU)

- REACH provided hands-on assistance and guidance to the MOPH GCMU to draft and issue the Pre-Solicitation Notice, issued October 3, and the Call for Expressions of Interest, issued October 10, to deliver the BPHS in the 13 USAID provinces following the end of the REACH grants.
- REACH assisted the MOPH GCMU in short-listing 32 pre-qualified NGOs from among the 34 that expressed interest in applying for the forthcoming RFA for BPHS implementation in 13 USAID priority provinces.

- Following the Pre-Solicitation notice and the call for Expressions of Interest, REACH worked with USAID and the MOPH GCMU to draft the MOPH Performance-Based Partnership Grants (PPG) RFA. The MOPH issued the PPG RFA to pre-qualified national and international NGOs on November 22. REACH continues to assist the GCMU with modifications to the PPG RFA, preparation for the PPG bidders conference, applications processing logistics and general grants management.
- MOPH has recruited 6 consultant positions for hire by REACH (2 Grant officers, 1 IT specialist, 1 HMIS officer, 2 Finance Officers) to work in REACH for 3-4 months as training prior to full time employment in the GCMU managing USAID funded grants to NGOs. Interviews were held with candidates for Finance, IT, HMIS and Grants Officer. All candidates will be selected by early December.
- REACH began the planning process for rehabilitation of the GCMU offices/corridor in the MOPH to expand the available office space for additional staff that will be hired to work on the PPG grants with the GCMU.

Management Resource Center (MRC)

- Over the report period, the MOPH Management Resource Center (MRC) received 274 visitors and distributed 632 documents to local and international organizations.

Constraints

- Visits to provide support in the implementation and follow up of FFSDP evaluation in 2 Health facilities (out of total 12) of AHDS health facilities in Kandahar had to be suspended due to prevailing security situations
- Turn over and change of PPHDs in Takhar, Baghlan and Kandahar
- New PPHO staff who were selected via the PPR process who have little or no Public Health experience or skills
- REACH is learning with the MOPH how to plan and host a major international health conference
- National Development budget developed and seldom used as tool for health care financing by MOPH.
- Human Resource Development is a very complex issue in the post conflict situation and, despite the good progress made, it will remain a main challenge in the future.
- Limitation in proper coordination and communication between central and provincial levels.
- Delay in implementation of agreed policies and strategies at national and sub-national levels.
- Delay in approval and release of MOPH cost recovery policy for streamlining financial management components of BPHS and EPHS between donors, MOPH, and NGOS.
- Security and travel to project sites by implementing partners and REACH

Next Steps

- Continued support in strengthening the PPHOs' management and leadership skills in the delivery of health services in the provinces and through the PHCCs
- Focus group discussions and interviews of PPHDs in all REACH supported 13 provinces to evaluate the functionality of the PPHCCs as an End of Project and close out evaluation
- Ongoing technical support to the Central MOPH (M&E and Policy Planning) in the phase wise implementation of FFSDP in non-REACH provinces. Four non-REACH provinces supported by EC, WB and MOPH have been selected for initial implementation.

- A third external evaluation of FFSDP in 6 Provinces (Kabul, Ghazni, Herat, Faryab, Takhar and Bamyan) is planned the end of January
- Follow up of 18-20 Health facilities in the progress of Leadership development and achieving measurable results in 6 provinces and follow up with senior MOPH leadership (3 deputies and 6 General Directors in the identified challenges)
- On-going integrated and targeted technical support to the 4 NGO health facilities of BRAC, STEP, CAF and IMC selected as learning centers.
- Next round of Testing and Certification will be conducted in December 2005.
- Development of HMIS for EPHS implementation at national and sub-national levels.
- Expansion of EPHS to other provinces.
- Continue with Management and Leadership training at central and provincial levels.
- Strengthening of disease surveillance system to enhance the HMIS at national and sub-national levels.
- Support MOPH in maintaining the Resource Center to disseminate required information in the health sector.
- Enhancing IEC/BCC issues and technical lead by the MOPH.
- Health promotion through media and technical guidance by MOPH.
- Translation of BPHS and EPHS into Dari and Pushtu.
- Printing of BPHS and EPHS in local languages.
- Launching EPHS and Revised BPHS.

REACH Cross-Cutting Activities

Achievements

NGO Development Initiative

- On June 26-27, REACH held a Round Table Meeting with BPHS grantees. Over 40 participants from 19 NGOs participated as well as the MOPH/GCMU, USAID, and REACH field, technical, and grants staff. The group reviewed the REACH/MOPH immunization and FP tools and approaches. They then reviewed the performance of NGOs using the baseline household survey, HMIS, monitoring and FFSDP information and developed strategies for strengthening the immunization and FP services at provincial, community, and NGO levels.
- As a follow up to the Round Table meeting in June 2005, the REACH NGO Development team (including staff from PM&E, T&E, AQS, and PSS) visited ADRA and SDF to provide technical assistance relative to immunization and family planning activities.
- On October 10-11, REACH held a Round Table Meeting designed as a follow-on to the June round table focused on NGOs and using real data from various sources to identify trends and make improvements to their programs. A total of 75 participants from 19 NGOs and REACH attended the Round Table Discussion, held at Ibn Sina Hospital, Kabul. Various REACH and NGO staff ran the sessions, making presentations and conducting hands-on exercises in data assessment and decision making; performance improvement; focused Technical Assistance to grantees; IEC; and leadership.
- Over the last six months, the Development Initiative, represented by the NGO Development Team (DT), an integrated group with representation from all REACH technical areas, reviewed and monitored the performance of six NGOs requiring additional assistance and support. Using a scorecard, the DT evaluated an NGOs performance using 10 different indicators in the areas of capacity of service

delivery, provision of services, and community involvement. In addition, technical staff and Grant Officers provided feedback on how NGOs were working both in general terms and related to specific deliverables required by their grant agreement. For those NGOs at risk of not achieving targets or with poor reviews in other areas, intensive meetings were conducted with the NGO to help the organization identify their weaknesses and address the problems in a timely fashion. Action plans were drafted and then monitored by the Grant Officer on a bi-weekly basis. In response to the Action Plans, REACH provided targeted technical assistance when required and the NGOs organized internal resources to address other shortcomings. Two of the six NGOs, BRAC and AHDS, have “graduated” from the NGO Development Initiative thus far - they are now on track to meet their targets and have mobilized staff to improve internal management systems and results. As an example of another NGO that is well underway to improving their performance, CHA Faryab is closer to achieving their targeted health facilities (23) and CHWs (540) as well as hiring the required female staff at their HFs.

- The success of REACH’s NGO DT technical assistance to BRAC was reported in a Kabul Times story.
- During this period, the DT observed some cases where information and training were not extended from the NGO headquarters staff to the health facility staff in an efficient and effective manner. It was determined that another method of providing assistance should be explored - thus the "Learning Center" approach was developed. Four BPHS health facilities were identified in the Kabul province and an integrated team of REACH technical staff worked with the NGO headquarters staff and health facility supervisors to show them how to provide support, training and assistance to health facility staff in areas such as proper use of IEC materials, HMIS, drug management and CBHC. The NGO staff will replicate this approach across their program. Thus far the initial results are promising.

Community Based Health Care (CBHC)

- On September 12, REACH Community Based Health Care (CBHC) department conducted a one-day CBHC workshop with REACH staff and two partner NGOs (CAF and NAC). Two of the outcomes were: strengthening linkages between LfL program and other CBHC activities, and recommendations to further strengthen CBHC Task Force and the effectiveness of Shura-e-Sehi.
- A plan to evaluate the process of community mapping and community leadership initiatives was developed by the CBHC team.
- REACH grantee NGOs began the process of hiring Community Health Supervisors and the REACH CBHC group assisted with the basic and introductory training from REACH.
- With technical support from REACH, the MOPH hired a CBHC Coordinator in the PHC department to support policy and strategy development as well as coordination of national CBHC activities.
- The CBHC team provided inputs to the MOPH for finalization of the revised BPHS.
- CHW manual revisions were finalized incorporating important changes. The printed manuals were distributed to the grantees.
- Field visits to CBHC activities were regularly conducted to improve service delivery at the community level and enhance linkage of CBHC with higher level of BPHS facilities.
- Guidelines for CHW kit contents after each phase of CHW training were developed and shared with grantee NGOs.

Gender

During this reporting period, the REACH Gender Team:

- Conducted Gender Awareness Workshops for 201 PPHCC and NGO staff from Ghazni, Faryab, Badakhshan, Baghlan, Kabul, Jawzjan, Takhar and Khost provinces.
- Provided a session on gender issues to the newly graduated medical doctors on June 29.
- Conducted a session on gender as part of the BPHS course of refresher training.
- Conducted a workshop with M&L staff from MSH headquarters on leadership and organizational development for 42 members of the Association for the Empowerment of Afghan Women Health Professionals (AEAWHP).
- Held a session to review provincial-level gender activities with REACH Public Health Advisors (PHA).
- Participated and provided feedback to AQS field monitors about their field monitoring reports.
- As part of an evaluation of the Community Leadership program, conducted assessment visits in areas supervised by STEP in Kabul Province and by NPO and CoAR in Herat Province.
- Participated in the field monitoring visit of Community Leadership team to BDF Baghlan province on 26 and 27 July.
- Worked with the MOPH IEC task force members and the Ministry of Women Affairs (MOWA) on the reproductive health and rights brochure which will be published with funds from REACH and UNFPA.
- Finalized pictures, funding and type of calendar to convey gender messages.
- Assisted the Reproductive Health (RH) Department of the MOPH to draft a circular on the provision of six cycles of birth spacing pills per visit.
- Conducted a pretest of the Gender Calendar messages and illustrations in Paktia, Khost, Bamyan, Takhar, Herat, Jawzjan and Ghazni provinces.

Constraints

- NGOs have limited ability and time to absorb additional intensive technical assistance.
- Limited time remaining in the REACH contract to explore other approaches in depth.
- Completion of CHS basic training by REACH was delayed due to security and weather conditions.
- The arrival of winter makes supervision and training of CHWs in remote areas problematic
- There is a low number of CHWs proposed by some grantees
- Linkage between CHWs and BPHS facilities has suffered due to poor understanding of some facility in-charges.
- CHW kit contents supply is sometimes inadequate and irregular
- The newly established Gender and Reproductive Health unit did not have any funding. This delayed the planned activities with the unit. (Gender unit has been supporting Gender and Reproductive Health unit so that they obtain operational funding.

Next Steps

- Make final changes to NGO score card.
- Continue to assist with and monitor progress towards grantees' performance goals and graduate remaining 4 NGOs (CHA Faryab, IbnSina, SDF, and ADRA).
- Implement the Learning Center approach which explores breaking down organizations' internal blockages.
- Document the NGO DT approaches.

- Document successes and lessons learned from all approaches and share with NGOs and wider audience.
- Disseminate the REACH gender awareness calendar to REACH partners.
- Transfer gender awareness training to the Gender and Reproductive Health unit of the MOPH.

Planning, Monitoring and Evaluation

Achievements

- REACH supported the MOPH AGE Task Force to establish a database and GIS for the diarrhea surveillance data.
- In order to finalize the End of Project Household Survey Questionnaire, a field test was conducted by REACH PM&E program in Dehsabz district, Kabul province on October 31.
- On November 29-30, REACH conducted the End of Project Household Survey Workshop for 60 technical staff from all R1, R2 and R3 Grantee NGOs and REACH field HMIS officers.
- REACH assisted the MOPH GCMU in developing indicators of performance and their targets for the next round of MOPH-USAID BPHS grants.
- REACH provided a significant contribution to the selection process for 5 key GCMU consultant positions.
- REACH reviewed the Social Marketing (SM) program reporting system and assisted the SM unit in resuming the bi-weekly reporting of sales.
- REACH developed a revised communication strategy for its third year of activities and expanded its communication team to include three local national staff.
- REACH success stories published in the Kabul Times were also posted to the REACH website as were stories on HMIS, Human Resource Testing and Certification and REACH's TB activities.
- A press release on the reopening of a NAC clinic following a fatal attack on a staff member was posted to the REACH website.
- A press release on a fatal attack made on staff of AHDS, a USAID-funded REACH grantee, was submitted for approval but USAID Washington did not approve its distribution.
- REACH produced and disseminated a report on the baseline FFSDP evaluation for nearly 200 facilities.
- Plans for the Kabul Regional Health Conference are proceeding in the MOPH, with significant assistance from REACH.

Constraints

- REACH continues to seek ways in which to publicize its successes. To date, press releases have not stirred up much attention, via either MSH or USAID channels.

Next Steps

- End of project dissemination activities (Technical Seminars and Global Health Council Auxiliary Meeting) may result in more opportunities to publicize the work of REACH to a wider audience.

Annex 1

The following TDYs began during this six-month period:

Name	Scope of Work	Dates in Country
Anita Anastacio	To serve as a technical management consultant for the Learning for Life program	June 1-July 15
Pedro Guillermo Suarez	To assist the NTP to rapidly scale-up TB case detection and treatment capacity to expand DOTS	June 5-July 16
John Turner	To follow up with five grantees visited during November TDY on the risk rankings and update the financial reviews of these grantees.	June 9-July 8
Scott McKeown	To strengthen the REACH and GCMU use of data from the HMIS	June 14-July 19
Catherine Schenck-Yglesias	To provide technical assistance to the REACH program in Kabul, with the goal of organizing data from various sources	June 19-July 10
Edgar Necochea	To support the SBM-PQI Process for improving Infection Prevention practices at midwifery education teaching hospitals and other selected health facilities.	June 19-July 24
Debora Bossemeyer	To support the SBM-PQI Process for improving Infection Prevention practices at midwifery education teaching hospitals and other selected health facilities.	June 19-July 24
Ruth Masterson	To continue the start up of the LLU activities in management of WAKH, prioritize needs, and begin to gradually phase in clinical practices	June 26-July 15
Jerry Daly	To continue the start up of the LLU activities in management of WAKH and meet with senior MOPH, USAID and REACH officials to discuss the project and LLU's immediate plans for hospital services and training.	June 26-July 19
Anne Berit Petersen	To continue the start up of the LLU activities in management of WAKH, prioritize needs, and begin to gradually phase in clinical practices	June 26-August 5
Donald Nicolay	To continue the start up of the LLU activities in management of WAKH, prioritize needs, and begin to gradually phase in clinical practices	June 26-August 28
William Newbrander	To further develop the REACH strategies in the areas of hospital management, health financing, and health reform for REACH program	June 30-August 30
Berangère De Negri	To conduct Formative Research on TB to provide recommendations for the communications strategy of the National TB Program.	July 3-24
Lindsay Grenier	To assist with data collection and management in the REACH Training and Education Unit.	July 3-24

Oscar Cordon	To provide backstopping to REACH Safe Motherhood Unit during Jeff Smith's absence.	July 12–August 4
Paul Ickx	To continue ongoing activities with the MOPH and REACH in database development and use	July 14–August 6
Joan Galer	To conduct follow up activities from the study tour to the Egypt Leadership Development Course	July 15–August 7
Richard Hart	To continue the start up of the LLU activities in management of WAK Hospital and meet with senior MOPH, USAID and REACH officials	July 17–24
Audrey Shaffer	To continue the start up of the LLU activities in management of WAK Hospital and meet with senior MOPH, USAID and REACH officials	July 18–August 19
Jared Vogt	To continue the start up of the LLU activities in management of WAK Hospital and meet with senior MOPH, USAID and REACH officials	July 18–August 19
Margie Ahnan	To co-facilitate a Family Planning workshop for faculty from community midwife education programs	July 19–August 25
Wayne Smith	To continue the start up of the LLU activities in management of WAK Hospital and assess the current status of Anesthesiology as a service within WAKH	July 19–24
Morsy Mansour	To conduct follow up activities from the study tour to the Egypt Leadership Development Course	July 20–August 6
Pia Chesnais	To assist the grants management team in ongoing management of grant awards and training of staff.	July 25–August 28
Heather Bull	To visit the clinical sites associated with the REACH midwifery education and infection prevention programs to support improved compliance with infection prevention standards.	July 31–August 25
Saeed Osmani	To support the REACH team through MIS database enhancement, local personnel capacity building, and oversight of information and communications technology installations	August 3–September 1
Nancy Newbrander	To provide short term IEC support to the REACH Program and the Ministry of Public Health	August 2–30
Mary Moore	To assist the REACH Team in creating new communications products for distribution as well as assist in refining and implementing the third year REACH Communications Plan.	August 11–September 1
Julie O'Brien	To prepare materials for the MSH Annual Report and assist the REACH Team in refining the new REACH Communications Third Year Strategic Plan.	August 21–28
John McKenney	To assess the security and emergency plans established to date by the REACH Program and evaluate its effectiveness	August 26–September 8

Judith O’Heir	To conduct a programmatic review of the implementation of community midwife and hospital midwife education programs to identify implementation challenges and lessons learned	August 7– September 4
Michael Mahoney	Long term staff - to serve as Hospital Administrator at WAKH	August 25, 2005-July 14, 2006
Raj Gonsalkorale	To assess the receiving, storing and distribution procedures at the REACH Pharmaceutical Warehouse	September 1-30
Mary Brady	To continue the start up of the LLU activities in management of WAKH	September 6- October 6
Laurence Laumonier-Ickx	To support the roll-out implementation of FFSDP in REACH supported provinces, follow up, necessary technical support to NGOs and field office technical staff	September 7- October 5
Chris Welch	To serve as an interim Social Marketing Program Manager and assist in the transition and the MSH start-up of the Social Marketing Program	September 8- October 13
Walter Saba	To provide technical and programmatic support to the Safe Motherhood Unit of the REACH program.	September 8– October 13
Marcia Herrera	To review and resolve issues related to the policy on employee pension and severance benefits and provide recommendations for project close-down	September 25- October 16
Twyla Gimbel	Long term staff - to serve at WAK Hospital	September 6, 2005 to July 15 2006
Scott McKeown	To continue strengthening the REACH, GCMU and NGO use of data from the HMIS, Field monitoring reports and NGO quarterly reports	October 2-22
Pia Chesnais	To assist the grants management team in ongoing management of grant awards and training of staff	October 2-30
Jacqueline Williams	To provide technical support to the midwifery programs in selected sites supported by REACH	October 2-30
Sharen Blake	To provide technical support to the midwifery programs in selected sites supported by REACH	October 4–27
Audrey Shaffer	To continue the development of the Health information system that is being implemented at WAK Hospital.	October 4- November 3
Jane Schuler-Repp	To begin her position as Program Manager for Social Marketing under the REACH Program.	October 6, 2005
Edgar Necochea	To support the SBM-PQI Process for improving Essential Obstetric Care and Infection Prevention practices at midwifery education teaching hospitals and other selected health facilities.	October 9–27

Debora Bossemeyer	To support the SBM-PQI Process for improving Essential Obstetric Care and Infection Prevention practices at midwifery education teaching hospitals and other selected health facilities.	October 9–27
Marijke van Roojen	Provide technical support to the midwifery programs in selected sites supported by REACH	October 9–November 6
Grace Kahenya	To assist in the design, planning, implementation and evaluation of the first training course for laboratory personnel in order to help ensure that the program is of international quality and the Afghan staff receive assistance in any areas they require.	October 15–November 13
Gary Ernest Marais	To provide continuing education to the physicians and other key medical staff of WAK Hospital	October 15–24
Robert Soderblom	To provide continuing education to the physicians and other key medical staff of WAK Hospital	October 15–31
Reginald Rice	To provide continuing education to the physicians and other key medical staff of WAK Hospital	October 15–31
Steve Hardin	To provide continuing education to the physicians and other key medical staff of WAK Hospital	October 18–31
Brack Davis	To provide professional analysis and recommendations to administration of WAK Hospital of the orthopedic services.	October 23–November 16
Paul Ickx	Continue ongoing activities with the MOPH and REACH in MIS development and health information use.	October 24–November 29
William Newbrander	To further develop the REACH strategies in the areas of hospital management, health financing, and health reform for REACH program	October 25–November 20
Rachael Woloszyn	To provide logistical, operational and administrative support essential to the smoothness of the Regional Health Conference preparation and attendance.	November 3–December 15
Mark Nevin	To continue the ongoing activities with the MOPH and REACH in MIS development and health information use.	November 6–20
Mohammad Rahim Pashtooniyar	To review the results of 6 months implementation of clinical standards in anesthesia, emergency and surgical care	November 8–December 20
Joan Skinner	To provide technical support to midwifery programs in selected sites supported by REACH	November 9–30
Abu Sayeed	To complete an evaluation instrument to document the implementation and results of the Community Leadership Program	November 1–December 12
Wayne Smith	To provide continuing improvement in services, and consultation of appropriate upgrades in the anesthesia department of WAK Hospital.	November 10–24
Brian Bates	To provide continuing evaluation of the needs of the surgical area, including continuing education and equipment, as well as essential supplies.	November 12–22

Riitta-Liisa Kolehmainen-Aitken	To further develop the REACH interventions with the MOPH in the area of strengthening MOPH and provincial health offices for decentralization as well as helping build the current HRD work with the central MOPH.	November 13-December 8
Jaime Mungia	To provide overall program support to the REACH Safe Motherhood Unit	November13-December 15
Panna Erasmus	To design an evaluation instrument that will assess the quality of care being provided in REACH-supported health facilities and find out what clinic staff think about the results of the refresher training.	November17-December 20
John Turner	To carry out financial reviews with designated NGO grantees,	November25-December 25
Joan Galer	To conduct follow up activities from the study tour to the Egypt Leadership Development Course with work in Kabul to support the program participants and the senior leadership of the MOPH in strengthening leadership development.	November28-December 19
Morsy Mansour	To conduct follow up activities from the study tour to the Egypt Leadership Development Course with work in Kabul to support the program participants and the senior leadership of the MOPH in strengthening leadership development.	November28-December 19
Mary Gibson	To provide technical support to midwifery programs in selected sites supported by REACH	November29-December 20
Judith O'Heir	To build on a previous programmatic review of the implementation of community midwife and hospital midwife education programs.	November29-December 20

Annex 2

Documents available on request:

Trip reports

- Trip reports for TDYs completed in June were submitted by Paul Ickx, Malini Ghose, Tara Kimbason, Sallie Craig Huber, Tom Jutzy, Roy Jutzy, Richard Hart, Karen Hays, Jerry Daly, Heather Bull, Ken Foster, Steve Solter, Robin Hale, Mary Gibson, Barbara Kinzie, Mark Nevin, Mohammad Rahim. Pashtoonyar, Linda Tietjen, and Swaraj Rajbhandari Rajbhandari
- Trip reports for TDYs completed in July were submitted by Natalie Gaul, Edgar Necochea, Subir Shukla, Della Dash, Scott Mckeown, Laurence Laumonier Ickx, Debora Bossemyer, John Tuner and Ash Hartwell.
- Trip reports for TDYs completed in August were submitted by Richard Hart, Berangere De Negri, Wayne Smith, Riitta-Liisa Kolehmainen-Aitken, Jerry Daly, Paul Ickx, Malini Ghose, William Newbrander, Oscar Cordon, Joan Galer and Morsy Mansour.
- Trip reports for TDYs completed in September were submitted by Julie O'Brien, Anne Berit Petersen, Ruth Masterson, Lindsay Grenier, Heather Bull, Jare Vogt, Nancy Newbrander, Margie Ahman, Saeed Osmani and Audrey Shaffer.
- Trip reports for TDYs completed in October were submitted by John Mckenney, Judith O'Heir, Mary Moore, Anita Anastacio, Laurence Laumonier-Ickx, Marcia Herrera and Walter Saba.
- Trip reports for TDYs completed in November were submitted by Pedro Suarez, William Newbrander, Edgar Necochea and Debora Bossemeyer.

Other technical documents

- Baseline FFDSP Survey Report
- Gender Quarterly Report (May-July 2005)
- Pictorial Register TOT Workshop Report for IMC (August 29-30, 2005)
- Workshop on Training Manager of REACH NGOs (July 12-14, 2005)
- Financial Compliance Workshop #2 (March 2005)
- Community Leadership TOT workshop report (June 12-13, 2005)

Annex 3

Selected REACH Outputs (November 2005)

Indicator	Outputs	Notes
Districts served by REACH NGOs delivering BPHS	110 plus 6 sectors of Kabul City	BPHS=Basic Package of Health Services
Provinces served by REACH NGOs delivering BPHS	14	Baghlan, Badakshan, Bamyan, Faryab, Ghazni, Ghor, Herat, Jawzjan, Kabul, Kandahar, Khost, Paktia, Paktika, Takhar
Overall population of areas provided BPHS services directly through REACH supported facilities (i.e., districts in which REACH NGOs are operating)	7.1 million	Based on Central Statistics Office estimates, we assume that 23% of the population would be women of reproductive age and 16% would be children under 5.
Women of reproductive Age	1.6 million	
Children under 5	1.1 million	
Number of active and registered Health Facilities run by REACH NGOs	323	As of end of November 05
Basic Health Center (BHC)	178	
Comprehensive Health Center (CHC)	126	
District (first referral) Hospital	15	
Provincial Hospital	4	
Percent of REACH BPHS facilities that have at least one female health worker	73 %	September 05
Number of Community Health Workers trained and active in communities	5,508	
Number of female community Health Workers	2,940 (53% of total CHWs)	
Number of Community and Hospital Midwifery Education Program, Graduates	337	This figure includes 49 midwives who graduated prior to December 04 and received technical support through USAID
Pharmaceuticals and Commodities Distributed-US dollar value	\$ 3,522,841	This figure includes pharmaceuticals purchased by REACH and USAID-procured family planning commodities distributed under the REACH Program, but it does not include sales figures from PSI.
Number of IEC material distributed to health facilities and health posts	138,370	IEC material distributed in the life of project, as of October 15, 05
Number of women enrolled in accelerated literacy program	8,597	Includes enrollees in both foundation and bridging programs
Number of BPHS health facilities where standards-based quality improvement support is being provided using the FFSDP tool	213	Through baseline assessments by REACH, quality gaps have been identified and plans for corrective actions developed.
Number of provincial/regional hospitals where standards-based quality improvement support is being provided using the PQI tool	4	

Number of Provinces where Provincial Health Planning was completed and is being implemented	16	
Percentage of REACH Facilities providing HMIS reports	98 %	As of September 05.
Number of MOPH policies, strategies and guidelines REACH has helped develop	63	

Annex 4**Summary service volume statistics from health facilities supported by USAID BPHS grants**

This data was extracted from REACH HMIS database (Jan 04 2005)

Category	Indicator	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05
Coverage of the report	Total # of Facilities Submitted ¹	² 280 (97%)	289 (98%)	302 (100%)	308(99%)	307 (98%)	313 (98%)
	Provincial and District Hospitals	17	17	18	19	19	19
	CHC	116	118	123	124	122	123
	BHC	147	154	161	165	166	171
	Total # of Facilities Active and Registered under REACH	288	294	303	310	313	318
General statistics	Total Patients/clients visited	283153	320724	350450	358926	365462	327826
	Total under 5 Patients visited ³	78438	89617	96197	103683	102531	93915
	Total over 5 Female Patients visited	118865	135572	150441	151711	153240	134318
	Total Referrals served ⁴	3398	4296	5112	5790	6798	5999
	Total visits by Health Posts ⁵	76417	98942	113991	110561	153237	150604
Morbidity	Total Morbidity Cases visited ⁶	291071	321316	364286	366968	377301	337885
Family Planning	Total Family Planning services provided by Health Facilities	8593	9099	10216	10636	11436	11910
	Total Family Planning services provided by Health Posts ⁵	11801	14436	16412	20387	23037	29671
Safe Motherhood	Total Ante-Natal Care Visits	15480	16411	19272	20219	22355	20670
	Total Post-Natal Care Visits	4456	4583	4699	4966	5331	5535
	Total Deliveries ⁷	1765	1995	2163	2334	2066	2426
EPI	Children <2 yr fully immunized against Diphtheria, Pertussis, and Tetanus	19288	20454	24133	25551	27842	23906
Human Resource	Percentage of BPHS facilities with at least one Female Health Worker	⁸ 213/302 (71%)			228/313(73%)		

Note 1: This includes facilities from which HMIS MIAR (Monthly Integrated Activity Report) information is available for a specific month.

Note 2: This percentage exceeds 100 as some NGOs retrospectively entered data for facilities that were registered later on

Note 3: Excludes re-attendance visits and received treatment.

Note 4: Patients Referred into a health facility from a Health Post or another facility

Note 5: This information is extracted from Monthly Activity Report of Health Posts

Note 6: This may exceed total patients/clients as a patient can present with multiple morbidity conditions.

Note 7: Includes both Normal and Assisted Deliveries carried out at the facility.

Note 8: Proportion of BPHS Facilities with at least one female health worker among those that have submitted Facility Status Report to REACH.

Graphs of Selected Service Volume Statistics

REACH - Jan.04, 2006

